

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/768318 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/	/					52						
3	/	/					53						
4	/	/					54						
5	/	/					55						
6	/	/					56						
7	/	/					57						
8	/	/					58						
9	/	/					59						
10	/	/					60						
11	/	/					61						
12			/	/	/	/	62						
13			/	/	/	/	63						
14			/	/	/	/	64						
15			/	/	/	/	65						
16			/	/	/	/	66						
17			/	/	/	/	67						
18			/	/	/	/	68						
19			/	/	/	/	69						
20			/	/	/	/	70						
21							71						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓	2	↓	2	↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	7		7		7		TOTAL DEP.						
TOTAL CLAIMS	11		9		9		TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS